

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	6960	8/4/99
O.I.P.E. CLASSIFIER		72	8/11
FORMALITY REVIEW	OK	71423	8-24-99
	OK	71423	10-22-99

INDEX OF CLAIMS

2 ..... Rejected  
 1 ..... Allowed  
 (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	1/10/01
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3	1/01
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49	N N N
50	N N N

Claim	Date
Final Original	
51	1/10/01
52	3/02
53	1/01
54	9/04
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56	N N N
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64	
65	V V V
66	N N N
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69	N N N
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here